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Members of the Senate Judiciary Committee:

My name is Brenda Desmond. I am a district court standing master in Missoula. As part of my job, I regularly preside over mental health commitment proceedings. Today I appear on my own behalf and speak as a private citizen. I support House Bill 634. I would like to thank Representative McAlpin for sponsoring this bill.

Passage of House Bill 634 will bring about a long-overdue change in a fiscally responsible manner. Generally speaking, a person with a serious mental illness may be subject to court-ordered treatment, (a civil or involuntary commitment), if he or she is in crisis, and in imminent danger of self-harm or of committing harm to others. Currently in Montana, persons subject to civil commitment are most often transported between hospitals and courthouses in law enforcement vehicles, usually in handcuffs and sometimes in shackles.

Medical personnel, rather than law enforcement personnel, should carry out transportation of persons in a mental health crisis, just as transportation of persons in a health crisis due to heart disease or diabetes is carried out. I am not here to criticize law enforcement staff. In fact, in Missoula I have observed law enforcement transport staff interacting with those involved in commitment proceedings in a respectful, kind and empathetic manner. Rather, it is time to change our approach to transportation to a medical model, with decisions on care and restraint during transport being made according to medical protocols.

In 2003, the President's New Freedom Commission on Mental Health released a comprehensive report with 6 goals designed to improve our

national response to treatment needs of persons with mental illness. The first goal is "Americans Understand that Mental Health is Essential to Overall Health." Among the report's points under that goal are: "Many People with Mental Illness Go Untreated" and "Stigma Impedes People from Getting the Care They Need." We in Montana can support this goal and the work of the commission. We can demonstrate our understanding that mental illness is a medical condition, sometimes referred to as a disease of the brain, that should be addressed as we address other medical conditions. I am not suggesting we ignore potential safety issues. Rather, I suggest we leave those issues in the hands of medical personnel.

As for the fiscal impact of the bill, once the Department of Public Health and Human Services has developed a plan for implementing or contracting for transportation in accordance with Section 1 of the bill, the counties are free to choose whether or not to use the service. If counties choose to take advantage of the opportunity offered, it seems likely that the service will become self-sustaining, since counties are currently spending a great deal of money on transportation. As shown in the department's 2010-2011 Biennium Revenue Projections, the department anticipates collecting, each year, two million dollars from Medicare, \$800,000 in insurance and \$300,000 in Medicaid payments for persons hospitalized at the Montana State Hospital. Thus, there appear to be significant opportunities for the collection of funds from third-party payers for transportation. Currently this alternative is not available, if transportation is carried out by law enforcement.

I ask your support for this worthwhile bill. As a state we have taken significant steps to better address the treatment needs of persons with serious mental illness. These are our family members, friends and neighbors. We need to take yet another step forward for them.

Thank you.